

Name: _____

Date: _____

Health

O X H L A D H D C N Q S V W C B U L L Y I N G S
 C T P G E V I R U S M V Y S L B V I T A M I N G
 C H L L D U I F S W A H O F K G L N I W S L U U
 A E U U U G Q Y X T T B D B W I G N F Q Z V O R
 B R X T C E M K E L E F F O C A N C E R I F N D
 O A N E A P R E A C Z O U X O M E N E I G Y H S
 T P F N T E T E A Z S V K N Y M R P I K S I R P
 W Y E O I H H L V A B G D E L T W D I S E A S E
 Y B M U O A P A A A A L S S S E N L L E W N Y E
 T Q I O N D O I C X I N R U N E G E T I U N W N
 I H T W O R G T J F F I X P I M T N L T Z L G I
 V U E R X Y E B E Z S Z E I M C I E R C H E Z T
 I X M P P R T S M N W T M J E O I I B Q S B V O
 T D O Z I X T I O E P E O U J T T D A A T U T C
 C E R A P Y C I S P F N T Z K I Y Z E N I H M I
 A P D W L T T V L E S X I Y O F A M I L Y D O N
 L R N E N C S O D F B L O N G N I K O M S O S S
 A E Y W E X S D L Z U O N R V B W S S E R T S F
 C S S F C O M M U N I C A T I O N Q J O S Z D X
 I S N W A D O P T I O N L A E N C A K Z O H F D
 S I W L O H O C L A M N O I T A Z I N U M M I R
 Y O O T D M G D V O S S E N D N I L B R O L O C
 H N D J M M H T L A E H L A T N E M P O R Z T R
 P L V M Y M R E L A T I O N S H I P S D F S N M

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|-------------------|----------------|---------------|---------------|---------------|---------------|
| Physical Activity | Colorblindness | Communication | Down Syndrome | Mental Health | Relationships |
| Immunization | Depression | Lifestyle | Infection | Emotional | Education |
| Nutrition | Nicotine | Bacteria | Wellness | Diabetes | Bullying |
| Adoption | Tobacco | Symptom | Smoking | Obesity | Disease |
| Anxiety | Healthy | Therapy | Vitamin | Hygiene | Placebo |
| Suicide | Alcohol | Stress | Muscle | Growth | Family |
| Gluten | Cancer | Teeth | Virus | Joint | Drugs |
| Skin | Risk | Mood | Acne | PTSD | ADHD |